2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002
Secretary of State

DOCUMENT# P97000081010

Entity Name: ACTIVE LIVING, INC.

Current Principal Place of Business:

6901 W OKEECHOBEE BLVD
SUITE #187
WEST PALM BEACH, FL 33411

New Principal Place of Business:

4518 PRESCOTT LANE
NAPLES, FL 34119

Current Mailing Address:

6901 W OKEECHOBEE BLVD
SUITE #187
WEST PALM BEACH, FL 33411

New Mailing Address:

4518 PRESCOTT LANE
NAPLES, FL 34119

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROSSMAN, SUSAN
6901 W OKEECHOBEE BLVD
SUITE #187
WEST PALM BEACH, FL 33411

Name and Address of New Registered Agent:

GROSSMAN, SUSAN
4518 PRESCOTT LANE
NAPLES, FL 34119

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 07/31/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROSSMAN, SUSAN L
Address: 6901 OKEECHOBEE BLVD., SUITE 187
City-St-Zip: WEST PALM BEACH, FL 33411

Title: O ( ) Delete
Name: EIKENS, RON O
Address: 2321 DAVIS BLVD.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GROSSMAN, SUSAN L
Address: 4518 PRESCOTT LANE
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN L. GROSSMAN D 07/31/2002
Electronic Signature of Signing Officer or Director — Date